

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	3/2
O.I.P.E. CLASSIFIER			3/14/00
FORMALITY REVIEW	CM	71632	5/1/00
RESPONSE FORMALITY REVIEW	CM	71632	6/26/00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final Original	Date
1	1/1/02	
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Claim	Final Original	Date
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Claim	Final Original	Date
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BEST AVAILABLE CC

If more than 150 claims or 10 actions  
stapl additional sheet here

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